

State of Washington Application for a Water Right

MAR 1 4 2005

For Ecology Use Fee Paid 10

Please follow the	attached	d instruc	ctions to av	oid un	necessary o	delays.	Reco	ipt # 20	73491
Section 1. APPLIC	CANT - I	PERSO	N, ORGA	NIZA'	TION, OR	WATE	R SYS	TEM	
Name Dale & Patri	પિંચ ટ	Jwage	~		_ Home Tel:(509) 88	12 - 64	55	173 to 1962 (1250)
Mailing Address 2321	Alexai	ider E	Ext.		Work Tel:(_)			<u> </u>
City Grand View	Sta	te <u>WA</u> Z	ip+4_989	30 + 9	640 FAX:(5	509)88	2-64	55	
Section 2. CONTA									
					_ Home Tel:(_				
Mailing Address					_Work Tel:(_)			
City	Sta	teZ	ip+4	+_	FAX:(_)			
Relationship to applicant_									
Section 3. STATE	MENT C	E INT	BNT						
The same	com a sur CPLACE C al quantity	rface water on to DF USE. It obe used sed for a shape to 10	Roza (See instruct	ions.) Λ	water source . A IOTE: A tax pa	(check on TTACH A arcel number of sect	y one) for "LEGA" ver or a p	or the purpolative purpolation number Roza	Irrigat
regular 35 sor app for to				If CD (O INDWATE	VD.			
app for 5 lindicate if at your coming			If GROUNDWATER A normit is desired for / well(s)						
l indicate if stream, spring, e "unnamed spring," "unnamed e "unnamed spring," "unnamed l'acceptance de l'unnamed e "unnamed spring," "unnamed e "unnamed									
1 / 0 /									
supplemental p									
Supply of body of water):			Size & depth of well(s):						
> 18									
FC	d east-we	st distanc	es in feet fro	m the p	oint of divers	sion or wi	thdrawa	l to the ne	earest
section corner:	xima tel	v 100	o' Nof	SFC	orner of	Section	n 36	T. 10 10	DPOJBE
% of % of	Section	Township	Range(E/W)		County	O DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IS NOT	n of source	is platted, co	CONTRACTOR OF THE PARTY OF THE
						Lot	Block	Subdivi	sion
SE SE	36	10	33E	1 Va	Kima				JA VA
SW SE	36	10	33E		Kima				11.1
	ved: <i>Marc</i> FERC License		905 Prior		MARCH 19	, 2005		YAKI	mA

64-35051

WRIA: UA

Date Accepted As Complete 09/03/05

By 🤝

Date Returned



Section 5. GENERAL WATER SYSTEM INFORMATION

A.	Name of system, if named:					
B.	Briefly describe your proposed water system (See instructions)					
	Supplemental Irrigation to Roza Irrigation District Water for the purposes of crop production. Design of system 60					
	Supplemental In The Broduction. Design of system 60					
	for the purposes of crop production					
	be determined later.					
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION. Roza Irrigation District YES D NO					
	tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)					
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)					
	(Homes, Apartment, Recreational, etc.)					
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.					
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.					
C.	Do you have a current water system plan approved by the					
	Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.					
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.					
- Charles Control	tion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)					
A.	Total number of acres to be irrigated: _55					
В.	List total number of acres for other specified agricultural uses:					
	Use Crop Production Acres 55					
	Use Crop Production Acres 55 Use Acres Use Acres					
	UseAcres					
C.	Total number of acres to be covered by this application: _55					
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)					
	Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977;					
	‡ Acreage proposed to be irrigated under this application;					
	‡ Acreage proposed to be irrigated under other pending application(s).					
	1. Is the combined acreage greater than 6000 acres? ☐ YES ☒ NO					
	2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☑ NO If yes, enter permit no:					
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below)					

Section 8. WATER STORAGE



Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Sect	ion 9. DRIVING DIRECTIONS		
Provid	Property is located New of inters and West Alexander Road in Pell	section of County Live	ic Road
Sect	ion 10. REQUIRED MAP		
A.	Attach a map of the project. (See instructions.)		
Sect	ion 11. PROPERTY OWNERSHIP		
A.	Does the applicant own the land on which the water will be If no, explain the applicant's interest in the place of use and		✓ YES □ NO f the owner(s):
В.	Does the applicant own the land on which the water source if no, submit a copy of agreement:	is located?	ØYES □ NO
to pro monite	fy that the information above is true and accurate to the beess my application, I grant staff from the Department of oring purposes. Even though I may have been assisted in types of the Department of Ecology, all responsibility for the	Ecology access to the site for inspect the preparation of the above applica	ion and tion by the
Applic	ant (or authorized representative)	Date	
Jandon I	tricia Strage where for place of use (if same as applicant, write "same") where the same as applicant, write "same")	3-11-2005 Date 3-11-2005	

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.



We are returning your application for the following a		
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete		TO THE APPROPRIATE
Explanation:		
Please provide the additional information requested(d	above and return your aplate).	pplication by
Ecology staff	Date	

Ecology is an Equal Opportunity employer. To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).